

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13628</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Jeffrey</u> <u>Daveau</u> P.O. Box, Bldg., Room No., if any Street <u>6260 Seville Road</u> City <u>Saginaw</u> State <u>Minnesota</u> ZIP Code + 4 <u>55779</u>	4. Name, file number, and address of labor organization. Name <u>Plumbers &amp; Pipefitters Local 11</u> Labor Organization File Number <u>029-887</u> P.O. Box, Building and Room Number, if any Street <u>4402 Airpark Boulevard</u> City <u>Duluth</u> State <u>Minnesota</u> ZIP Code + 4 <u>55511-5712</u>
5. Position in labor organization. <u>Local 11 President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Jeffrey Daveau Sr.</u>	On <u>8/15/05</u> Date	(218) 729-7572 Telephone Number

Name of Person Filing <b>Jeffrey Daveau</b>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>Joint Apprenticeship Cmte of Local 11 &amp; 589</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <b>4402 Airpark Boulevard</b></p> <p>City <b>Duluth</b></p> <p>State <b>Minnesota</b> ZIP Code + 4 <b>55811-5712</b></p>	<p><b>9. Business deals with:</b></p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>11.a. Nature of such dealing.</b></p> <p>The Labor Organization listed in #4 above jointly sponsors the Trust Fund listed in #8 above.</p> <hr/> <p><b>11.b. Approximate dollar value of such dealing.</b> <span style="float: right;">\$0</span></p> <hr/> <p><b>12.a. Nature of interest held or income received.</b></p> <p>I received wages for teaching apprenticeship training courses and received reimbursement or had expenses advanced (i.e. meals) at a conference for the Apprenticeship Fund set forth in #8 above.</p> <hr/> <p><b>12.b. Amount.</b> <span style="float: right;">\$2,883</span></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>14.a. Nature of payment.</b></p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p><b>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</b></p>	<p><b>14.b. Amount of payment.</b> <span style="float: right;">_____</span></p>

Name of Person Filing Jeffrey Daveau	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Zenith Administrators</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 750</u></p> <p>Street <u>314 W. Superior Street</u></p> <p>City <u>Duluth</u></p> <p>State <u>Minnesota</u> ZIP Code + 4 <u>55802</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>W. Lake Superior Piping Industry Pension</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 750</u></p> <p>Street <u>314 W. Superior Street</u></p> <p>City <u>Duluth</u></p> <p>State <u>Minnesota</u> ZIP Code + 4 <u>55802</u></p>	<p>11.a. Nature of such dealing.</p> <p>The business listed in #8 provides third party administrative services to the Pension Fund listed in #10 which is jointly sponsored by Local 11.</p> <p>11.b. Approximate dollar value of such dealing. <u>\$36,917</u></p> <p>12.a. Nature of interest held or income received.</p> <p>My spouse and I attended a golf outing and meal paid for by Zenith Administrators.</p> <p>12.b. Amount. <u>\$200</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u></u></p>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>W. Lake Superior Piping Industry Pension</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 750</u></p> <p>Street <u>314 W. Superior Street</u></p> <p>City <u>Duluth</u></p> <p>State <u>Minnesota</u> ZIP Code + 4 <u>55802</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u>The labor organization listed in #4 jointly sponsors the Pension Fund</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$0</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>I am a trustee on the Pension Fund and my spouse and I received dinner from the Pension Fund.</u></p> <p>12.b. Amount. <u>\$117</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><u></u></p>